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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/11/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient hospital stay for three days, left total knee arthroscopy- 15738, 27405, 14300, 13121, 13122 and assistant surgeon Dr M Klebuc

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Orthopedic Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)
- ☒ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds medical necessity exists for inpatient hospital stay for three days, left total knee arthroscopy- 15738, 27405, 14300, 13121, 13122 and assistant surgeon Dr.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Notification of determination 04/30/12
Reconsideration determination 06/19/12
Initial consult and office notes Dr. 07/06/11-04/20/12
Physical therapy plan of care (reevaluation) 04/26/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female whose date of injury is xx/xx/xx. She is a and was at the top of trying to set it up to unload. She was on last step of ladder at top of tanker truck when hose she was pulling on got caught on something and she fell off the trailer onto the concrete floor. She broke left femur, right tibia, and left wrist. She is status post ORIF right tibial plateau and ORIF left femur with double plating. The femoral fracture went on to a nonunion that was treated with a REA and ended up healing. The claimant was seen on 07/06/11 with complaints of bilateral painful arthritic knees. Physical examination of the left knee demonstrated valgus deformity and external rotation deformity of the leg. By CAT scan this deformity measures 28 inches of femur. There is mild effusion. Range of motion is from 15-65 or 70 degrees. Examination of the right knee demonstrated well-healed incision laterally. Range of motion is 0-95 degrees. There is no instability of either knee although it is somewhat difficult to appreciate left knee stability with external rotation of femur. No neurologic or vascular deficit distally was noted. X-rays of bilateral knees in 04/11 demonstrated a double plating of healed femoral fracture on left. The right knee

demonstrated medial joint space narrowing and some patellofemoral lateral compartment disease as well. All hardware appears to be intact and fractures healed. The patient was seen on 07/27/11 at which time a corticosteroid injection of right knee was performed. It was noted the claimant expected to have left knee hardware removed in future. The next available record is from 04/20/12 and notes the claimant returns with significant pain in the right knee. She had hardware removed and would like to proceed with knee replacement. X-rays of bilateral knees were noted to demonstrate complete end stage degenerative disease with complete joint space collapse in all three compartments of the knee especially medially, osteophyte formation, subchondral sclerosis and even subchondral cyst. Treatment in the past is noted to include cortisone injections, anti-inflammatory medications, narcotics, braces, walker, lift chair all without significant benefit.

A request for left total knee arthroplasty with inpatient hospital stay x 3 days and assistant surgeon was reviewed on 04/30/12. It was noted per 04/20/12 medical report the claimant presented with severe pain in the knee that interferes with all ADLs and work and exercise. Physical examination revealed left knee valgus deformity and external rotation deformity of leg, mild effusion, and restricted range of motion. X-rays of bilateral knees revealed complete end stage degenerative disease with complete joint space loss in all 3 compartments of knee. Conservative treatment included cortisone injections, medications, home exercise program, use of walker, and physical therapy. However, there is no documentation of subjective findings (nighttime joint pain) and objective findings (BMI of less than 35, where increased BMI poses elevated risks for postoperative complications). Therefore, medical necessity has not been substantiated. A reconsideration / appeal request for left total knee arthroplasty with 3 day inpatient stay and assistant surgeon was reviewed on 06/19/12, and again the request was non-certified as medically necessary. The reviewer noted that physical therapy note dated 04/26/12 indicates claimant has left knee pain. On physical examination there is swelling, mild tenderness to palpation, decreased range of motion and strength. X-rays of bilateral knees demonstrate complete end stage degenerative disease with complete joint space loss in all 3 compartments of the knee, especially medially with osteophyte formation, subchondral sclerosis and subchondral cyst. She had cortisone injections, anti-inflammatory pills, narcotics, braces, a walker, a lift chair, and none of these have helped with her discomfort. As per guidelines there must be a body mass index of less than 35 where increased BMI poses elevated risks for post-operative complications. However the claimant's BMI was still not submitted for review. Also the radiologist's analysis and x-rays of the bilateral knees and procedure reports of injections to the left knee were not submitted for review. Hence the previous non-certification of the requested left total knee arthroplasty is upheld.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The claimant is noted to have sustained injuries secondary to a fall from approximately 30 feet resulting in fracture of the left femur, right tibia and left wrist. She had ORIF of the right tibial plateau and ORIF of left femur with double plating. The claimant is noted to currently complain of significant knee pain. She has had hardware removal and wishes to proceed with knee replacement. Radiographs of the bilateral knees were noted to demonstrate complete end stage degenerative disease with complete joint space loss in all three compartments of the knee, as well as osteophyte formation, subchondral sclerosis and subchondral cysts. She has failed to improve with conservative measures including cortisone injections, anti-inflammatory medications, narcotics, braces, walker and lift chair. Per Dr. supplemental report the claimant does have significant pain at night in the left knee joint. He noted that the claimant's BMI is 43, but that her high BMI is due to her inability to walk secondary to severe bilateral end stage post-traumatic degenerative disease. Per ODG, total knee arthroplasty is indicated for multicompartament osteoarthritis in patients who have failed conservative care to included medications and viscosupplementation injections or steroid injections, and who have limited range of motion and night time joint pain and no relief with conservative care with documentation of current functional limitations, and patients over the age of 50 with body mass index of less than 35, where increased BMI poses elevated risks for post-operative complications, and imaging findings of osteoarthritis on standing x-ray or arthroscopy. In this case the claimant has objective evidence of end stage osteoarthritis of

the left knee with complete joint space loss in all three compartments. She has failed conservative care. Although her BMI exceeds 35, her high BMI is attributable to her inability to walk because of the severity of her bilateral end stage posttraumatic degenerative disease. Her increased BMI does not pose elevated risks for post-operative complications. Further conservative care will not be of benefit. The ODG criteria for the requested procedure has been satisfied. The reviewer finds medical necessity exists for inpatient hospital stay for three days, left total knee arthroscopy- 15738, 27405, 14300, 13121, 13122 and assistant surgeon Dr.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)